

## MONTANA WINTERTIME OPEN BURNING REQUEST

1. Your Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  

*PO Box or Street*
*City*
*State*
*Zip*
3. Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_
4. Reasons burning did not occur before November 30<sup>th</sup> or during the regular burning season: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Reasons burning cannot occur after March 1<sup>st</sup> or during the regular burning season: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Location of each burn including; legal description (Section, Township, Range), elevation, county and distance from the nearest town: \_\_\_\_\_  
 \_\_\_\_\_  

<i>Distance from nearest Town</i>	<i>Section, Township, Range</i>	<i>Elevation</i>	<i>County</i>
_____	_____	_____	_____
7. Include a drawing, sketch or topographic map of appropriate scale (maximum scale 1" = 500', measurement to nearest 20'), showing the location of the property with respect to streets, state highways, interstate highways, all adjacent properties, buildings on adjacent properties, and residences on adjacent properties. Indicate adjacent land uses.
8. Describe the location of any nearby sensitive areas (*schools, hospitals, residential areas, parks, wilderness areas, etc.*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Size of the burn including; number of acres, number of piles, and dimension of the piles at each location: \_\_\_\_\_  
 \_\_\_\_\_  

<i>acres</i>	<i>number of piles</i>	<i>Dimensions</i>
_____	_____	_____



The estimated time for DEQ to process and act on a correctly completed application form is 10 days from the date of information submittal.

10. Type of material to be burned: \_\_\_\_\_

11. Expected duration of each burn: \_\_\_\_\_

12. Dates when logging took place: \_\_\_\_\_  
start date end date

13. Proposed dates for burning: \_\_\_\_\_  
start date end date

14. If available, please include fuel loading: \_\_\_\_\_

15. Have any landowners been notified? ☐ Yes ☐ No

16. Any other information you feel would help us with the evaluation of your proposal:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAIL THIS APPLICATION TO:**

Montana Department of Environmental Quality  
Permitting and Compliance Division  
Air Resources Management Bureau  
1520 East 6th Avenue  
P.O. Box 200901  
Helena, MT 59620  
Telephone: (406) 444-3490  
FAX: (406) 444-1499

